NEW MEXICO HIGHLANDS UNIVERSITY STUDENTS REQUESTING VA EDUCATIONAL BENEFITS MUST COMPLETE THIS FORM EVERY SEMESTER

| NAME: | |
|--|--|
| STUDENT ID:VA FILE NO | O. (if applicable): |
| ADDRESS: | |
| CITY, STATE, ZIP: | |
| DEGREE SOUGHT: MAJOR (BA, BS, BBA, BSW, MA, MSW) | |
| (BA, BS, BBA, BSW, MA, MSW) (If you are a junior or a senior, and have not filed a m | najor/minor form, please do so this semester). |
| SEMESTER (to be certified) | HOURS ENROLLED |
| Chapter 30—Montgomery GI Bill—Active Duty Chapter 31—Vocational Rehabilitation Chapter 33—Post 9/11 GI Bill * Chapter 33TOE—Post 9/11 GI Bill Transfer of Entitlement * | Chapter 35—Survivor/Dependent of a VeteranChapter 1606—Selected ReserveChapter 1607—REAP—Reserve Educ Assistance Program |
| *Tuition & Fee amount for students receiving Ch the VA as 0 until financial aid disbursements hav | |
| CONTINUING STUDENT, LAST SEMESTER | R ATTENDED: |
| TRANSFERRING STUDENT, LIST ALL COLL ATTENDED: | LEGES AND UNIVERSITIES PREVIOUSLY |
| BEGINNING STUDENT FIRST TERM IN COL | LEGE |
| Please provide this office with a copy of form D | D-214 or military transcripts, if you have not |
| taken with different beginning and ending date Students must notify this office if a course is dattendance. This date is reported to the VA an Students receiving benefits under Chapter 30, the VA on the first day of each month by eithe https://www.gibill.va.gov/wave/index.do All students receiving VA educational benefits Undergraduates and a 3.0 GPA for Graduate VA as well as last date of attendance. Students are responsible for all charges incurrence. | major, minor, or core. Courses previously onal course cannot be certified. se begins to the day the course ends. Courses es will be adjusted for payment by the VA. Iropped or withdrawn and provide a last date of and may cause an overpayment. 1606, or 1607 must verify their enrollment with r calling 1-877-823-2378 or online at must maintain at least a 2.0 GPA for Students. 'F' final grades must be reported to the red at the university. The students are copy of their schedule to the fied. |
| STUDENT'S SIGNATURE | DATE: |
| Fill in all information and return to: New Mexico Highlands University Registrar's Office—VA Certifying Official | For Office Use Only: Processed By: |

Date:_____

Las Vegas, NM 87701 Fax: 505-454-3552

PO Box 9000